

Insurance Benefit for Children With Autism

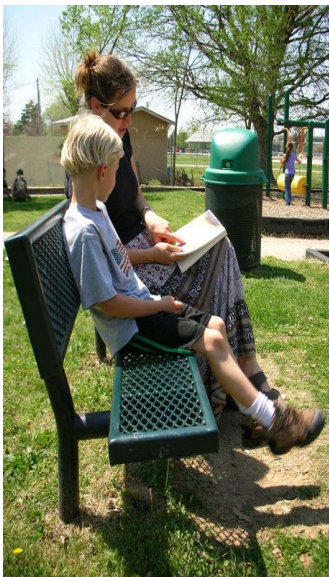
Autism is a condition of a child related to the impairment in social interaction, impairments in communication and restricted, repetitive and stereotyped patterns of behavior, interest and activities. KRS 304.17A-143 (3) defines autism as it relates to this insurance benefit.



In 1998, coverage for the treatment of autistic children was passed in Kentucky requiring insurers to provide benefits under a health benefit plan, which is a hospital or medical expense policy or certificate. This could be an individual health insurance plan or a health insurance plan provided by an employer. These plans include major medical policies or insurance through a health maintenance organization. Services included in this coverage are therapeutic, respite and rehabilitative care. Each covered child, ages 2 through 21, can receive a maximum benefit of \$500 per month.

In 2005, Kentucky's legislative changes allowed health insurers to offer a **basic** health benefit plan which can exclude coverage for autism. Also remember, not all types of health coverage are considered health benefit plans. For example, dental, vision, student health insurance and other types of limited coverage are not considered health benefit plans.

Some health benefit plans offered by employer or employee groups are referred to as **self-funded** or **self-insured** health benefit plans. These types of plans set aside funds and employee premiums each month to pay health claims filed on behalf of the covered individuals. Because the U.S. Department of Labor's Pension and Welfare Benefits Administration has oversight of these plans, Kentucky's laws and regulations cannot require these types of plans to offer the autism benefit.



Deductibles, coinsurance and co-payments can be applied to the treatment of autism. Also prior to or after treatment, a utilization review can be conducted to review the medical necessity or appropriateness of the treatment for the child. If mental health services are covered, insurers of large groups or association plans must provide coverage for the treatment of mental health conditions under the same terms as treatment for physical health conditions.

Kentucky Administrative Regulation 806 KAR17:460 prevents insurers from applying other health plan limits on dollar amounts or number of visits to reduce the benefit for treatment of autism. For example, insurance coverage may include a benefit for 20 speech therapy visits per plan year. If a covered autistic child uses all 20 visits, any remaining portion of the monthly \$500 benefit may be applied to payment for any additional speech therapy.

Respite care provides short-term care and supervision in a child's home or another setting that allows temporary relief to the child's caregiver. Under this benefit, the insurance company cannot require the respite provided to be from a licensed or certified health care provider.

Therapeutic or rehabilitative care provides services to improve the functioning of a child with autism or to prevent the condition from becoming worse. This care must be provided by a licensed or certified health care provider; for example, a licensed physical therapist or a licensed speech therapist.

If you have additional questions about autism benefits and related issues such as insurance appeals, coverage denials, utilization review, or health benefit plans, you may contact the Kentucky Office of Insurance, Consumer Protection and Education Division, through the Web site or by phone. The Office's toll free number is 1-800-595-6053, and the TTY number for the deaf/hard of hearing is 1-800-462-2081.



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Toll free 1-800-595-6053 Deaf/hard-of-hearing: 1-800-462-2081
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